Department	in <b>suNumb</b> esi 2024 <b>54</b> 502	616ivisDate: 5/9/2024	4:00:00 PM	l į	
Annual Report for the Limited Liability Cor  → Filing period: Februar  → Filing Fee: \$50.00	ne year: <u>2024</u> mpany			REC'D RIDOS ESD 24 MAY 9 FH2:23:0:	
Entity ID Number	2. Exact name of the Limited t	2. Exact name of the Limited Liability Company			
92834	ZKP-L	ZKP-LLC			
3. NAICS Code	<del></del>	4. Brief description of the character of business conducted in Rhode Island			
531120	ROAL ESTATE	ROLL ESTATE			
5. State of Formation	, , , , , , , ,				
$R_{i}I$					
6. Principal Office Address  600 ECLEG	ARM PRI # 19-46	City	State RIZ.	Zip 0 2887	
7. Mailing Address of Limited	Liability Company and Name or Tit	le of Contact Person		<u> </u>	
Contact Namo JOANNE -/Larn/ten		Contact Title MEINISCIL			
Street Address WOU COLF FAMOR RD, # A-46		City ubruck	State Z.	Z10 2887	
8. The Resident Agent inform	nation currently of record with the RI	Department of State is accurate	. Changes require	filing Form 642.	
	declare and affirm that I have exa atements contained herein are tru		ny accompanying	schedules and	
Name of Authorized Person			Date		
Terrane / Loren Here			5/6/24		
Signature of Authorized Dem	000	· · · · · · · · · · · · · · · · · · ·			
Joanne Joanne	Kornher				

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov

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